PTO/88/01A (08-03) PTO/88/01A (08-03) Approved for use through 05/30/2006. OMS 0851-0932 U.S. Pritant and Trademark Origo: U.S. DEPARTMENT OF COMMERCE Under the Preparaget Restuction Act of 1995, no paragraph and extended to respond to a collection of intermedian unless of displaying wall ONE control number.

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

	FLUID SUPPLY FAILURE	PROTECTION VALVE
Title of Invention	I EGID OOF TET TAILOILE	11101201011111111
As the below named	t inventor(s), I/we declare that:	
This declaration is d	lirected to:	·
	The attached application,	or
	Application No	fied on
	as amonded on	(if applicable);
!/we policye that I/w sought;	re am/are the original and first inver	ntor(s) of the subject matter which is claimed and for which a patent is
	and understand the contents of the cally referred to above:	e above-identified application, including the claims, as amended by any
metadal la cataciat	hility as dofined in 37 CFR 1.56, low between the filling date of the price	ates Palent and Trademark Office all Information known to me/us to be choing for continuation-in-part applications, material information which a application and the national or PCT International filing date of the
to be into and firm	ther that those statements were more imprisonment, or both, under 18	true, all statements made heroin on information and belief are botteved to with the knowledge that willful false statements and the like are U.S.C. 1001, and may jeopardize the validity of the application or any
FULL NAME OF IN	VENTORIES	
		Dato: /2//5/03
Inventor one: _ Gare	ρ \ /	
Signature:		Citizen of: United States of America
Inventor two:	on Daniel School	Dale: /2/15/63
Signaturo:	Tomal of	Citizen of: United States of America
Inventor three:		
\$ignature:		Cilizon of:
Signature:		Citizen of:
This or distance of Inform	entors or a logul ropresentative are being	TO 1 63. The intermentant is complete to obtain or retain a borrest by the cubic which is to file
(and by the USCTO to j	Mocass) on replication, Confidentially is gov	remail by 35 U.S.C. 122 and 37 CFR 1.14. This collection is intimated to take 1 minute in adequated resident to the USPTO. Time will vary discending upon the individual state. Any states suggestions for remaining this burden, smould be sent to the Chief Information Chicago, Box 1450, Alexandria, VA 22313-1480, DO NOT SENT PRES OR COMPLETED FORMS on 1450, Alexandria, VA 22313-1480.

If you read assistance in complaing the form, cell 1-000-PTO-9199 and soluci option 2.

PTO/ISIA/01 (60-03) Approved for use through 11/30/2005. QMB 0651-0055 U.S. Patent and Trademork Office; U.S. DEPARTMENT OF COMMERCE Under the Pulphywork Rodurdum Act of 1995, no persons are required to respond to g orderction of improving unition a displays a wold CAVB control number.

Application Number Filing Date December 18, 2003 **POWER OF ATTORNEY** First Named Inventor Taylor, Gareth Peter and Tigo FLUID SUPPLY FAILURE PROTECTION VALVE CORRESPONDENCE ADDRESS Art Unit Not yet sasigned INDICATION FORM Examiner Name Not yet assigned Allumoy Docket Number 1970/48 I ngroby appoint. 23538 Practitioners associated with the Customer Number OR Practitioner(s) rained below: Registration Number Name as my our attempy(s) or agent(s) to prosecute the application identified above, and to irensect all business in the United States Patent and Trademark Office connected therowith Please resugnize or change the correspondence address for the above identified application to: The activus associated with the above-mentioned Customer Number: OR The address associated with Customer Number, OR Fun or Individual Name Address Addioss Zip Cily State Country Tulephuro FEX AND the: Applicant/Inventor. Assignoe of record of the entire interest, See 37 CFR 3.71. Statement under 37 CFR 3,73(b) is enclosed. (Form PTO/SB/95) SIGNATURE of Applicant of Assignme of Record Nama **Garoth Peter Taylur** Elgnuturo Data Decumber 15, 2003 Telephone 704 882 6149 MOTE. Signatures of all the inventors of essignees of coord of the entire feliciest or their representative(s) are required. Submit multiple parties from the experience is invalided, see below. "Total of 7 of 2 _____ (unns are submitted.

THIS cobaction of information is negated by \$7 GPR 1.31 and 1.33. The information is required to use in or retain a behavior by the public widen is to file (and by the USF 1.0 to process) un application. Containneality is growned by \$3 U.S.C. 122 and \$7 GPR 1.14. This addition is estimated to take 3 militure to complete, including publishing, properties, stock estimation for publication forms to the USPTO. There will very depending upon the included case. Any commission on the number of the transportations for reducing this term stock, stocked by cart to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT BEND I CEB OR COMPLETED PORMS TO THE ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-600-PTO-9199 and select option 2.

UPRA UN PROGREDE RAGUCION ACI OF 1995, NO NORMAN AM FOR	Lifted to respond to a collection of life	ortentark Office; U.S. DEPARTMENT OF COMMERCE amption unless it displays a valid OMS control member.
The state of the s	Application Number	Supplem giness a disputat a Anna Otala Council anniba.
POWER OF ATTORNEY	Filing Date	Dacomber 15, 2003
	First Named Inventor	•
and	Titlo	FLUID SUPPLY FAILURE PROTECTION V
CORRESPONDENCE ADDRESS	Art Unit	Not yet assigned
Indication form	Examiner Name	Not yet assigned
	Attorney Decket Number	1970/4R
heroby appoint	· · · · · · · · · · · · · · · · · · ·	
Princtitionare associated with the Customer Number:	23638	
OR		
Practitionor(s) named below:		
Name		Registration Number
		
my/our attorney(s) or agent(s) to prosecute the application	Movelified shows and to ferrored	all business in the United States Catest and
-	he above-Identified application t	⁶¹
The address associated with the above mentioned COR	· ••	o:
OR The address associated with Customer Number:	· ••	o:
OR	· ••	o:
OR The address associated with Customer Number: OR Firm or	· ••	
OR The address associated with Customer Number: OR Firm or Individual Name	· ••	
OR The address associated with Customer Number: OR Firm or Inclividual Name Address Address City	· ••	žip
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country	State	
The address associated with Customer Number: OR Firm or Individual Name Address Address City Country Tokohono	Dustomos Number:	
OR The address associated with Customer Number: OR Firm or Inclividual Name Address Address Address City Country Tokuphone Implie:	State Fax	
The address associated with Customer Number: OR Firm or inclividual Name Address Address Address City Country Tokephone and the: Applicant/Irrventor. Applicant/Irrventor. Assigness of record of the entire interest. See 37 CFF Statement under 37 CFR 9.73(b) is anclosed. (Farm	State Fax	Žip
The address associated with Customer Number: OR Firm or inclividual Name Address Address Address City Country Tokuphone am the: Applicant/irventor. Assigned of record of the entire interest. See 37 CFF Statement under 37 CFR 9.73(b) is anclosed. (Farm	State State Fox R 3.71 PTO/SR/68)	Žip
The address associated with Customer Number: OR Firm or Inclividual Name Address Address Address Address City Country Tokephone Applicant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Statement under 37 CFR 9.73(b) is unclosed. (Form	State State Fax PTO/SR/66) Applicant or Assignee of Reco	ŽĪÞ
The address associated with Customer Number: OR Firm or Inclividual Name Address Address Address City Country Tokephone Applicant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Sintement under 37 CFR 9.73(b) is unclosed. (Farm	State State Fax PTO/SR/66) Applicant or Assignee of Reco	Zip
The address associated with Customer Number: OR Firm or Inclividual Name Address Address Address Address City Country Tokephone Applicant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Appricant/Irrventor. Statement under 37 CFR 9.73(b) is unclosed. (Form	State State Fax PTO/SR/68) Applicant or Assignee of Reco	Zip

This criticism of bytermation is required by 37 CPR 1.51 and 1.33. The information is required to obtain or return a benefit by the public which is to the (and by the U.SP10 to precent) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CPR 1.14. This collect on in estimated to take 3 minutes to company, industry, programming, and substabling the emphasic application form to the USPTC. Time will very depending upon the individual case. Any constraint on the minute of time you registe the form active suggestions for nationage that unders, about the sense to the Charlest information Olliers, U.S. Potent and Trademark Ollics, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. UO NOT STNO 7 EES OR COMPLETED FORMS TO THIS ADDRIESS. SEND TO: Commissioner for Protents, P.O. Box 1450, Alexandria, VA 22313-1450.

if you need assistance in completing the form, call 1-000-PTO-9199 and select option 2